

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPlicant(s)

FILING DATE

10/578,810

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		1					54						
5							55						
6		1					56						
7							57						
8		1					58						
9							59						
10		1					60						
11							61						
12		4					62						
13							63						
14		4					64						
15							65						
16		1					66						
17							67						
18		1					68						
19							69						
20		1					70						
21							71						
22		1					72						
23							73						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	30	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	31						TOTAL CLAIMS						